

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-2696.M2**

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

March 4, 2003

**Re: IRO Case # M2-03-0617-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 40-year-old female who was injured on \_\_\_. She reportedly underwent five surgical procedures on her right knee in an attempt to realign her extensor mechanism. She developed an infection after one of her operations. The infection reportedly led to severe

degenerative changes in the right knee. She subsequently underwent a right total knee arthroplasty on 6/13/02. She has developed arthrofibrosis of the right knee following her knee replacement surgery. She reportedly suffers from chronic pain and severe limitation in range of motion of the right knee.

Requested Service

Revision right total knee arthroplasty

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

No information was provided for this review to support that a revision of the right knee replacement will result in improved motion and diminished pain for this patient. The patient has been through multiple operations on her right knee resulting in arthrofibrosis with loss of knee motion. A knee manipulation was performed four months after her knee replacement. The fibrosis adhesions which developed after the knee replacement had four months to mature prior to the manipulation. The patient's loss of motion in the right knee is likely due to the soft tissue contractures, therefore replacing the total joint would not likely improve the range of motion. If the knee components are in a "poor" position, there is no documentation to state how the components are malaligned and how they are limiting the patient's knee motion.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,  
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 4<sup>th</sup> day of March 2003.